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I.

DR. THOMSON'S HISTORY OF SURGERY AND MEDICINE, WITH AN ACCOUNT OF THE ORIGIN AND NATURE OF THE DIVISIONS SUBSISTING BETWEEN THEM, IN DIFFERENT AGES.

In the history of ancient times, we find nothing which bears any resemblance to that division of the medical profession, which has prevailed in modern Europe. Dietetics, pharmacy, and surgery, appear indeed to have been distinguished from each other at a very early period; but this distinction extended merely to the classification of the objects of study and of the means of cure in diseases, not to the persons who were to employ these means in the practice of medicine. In the times to which we refer, medical practitioners seem either to have practised indiscriminately all the branches of the healing art, or to have undertaken only the cure of particular diseases.

In Egypt, each individual disease appears to have had its appropriate practitioner, who was regulated in his practice, not by his own knowledge, experience, or views, but by the medical precepts contained in the sacred books of that country. In deviating from these precepts, his life became the forfeit of unsuccessful practice.

In Greece, so far as we can trust to her traditional or written history, all the branches of the healing art appear to have been exercised indiscriminately by those who were bred to the study and profession of medicine. The writings of Hippocrates, Galen, Ætius, and Paulus, contain many incontrovertible proofs of the very great proficiency which these authors had made in the knowledge of surgery; a knowledge in many respects so accurate and particular as could have been attained only by practice.

Medicine does not appear ever to have been much cultivated, or to have risen into any sort of reputation, at Rome. Before the time of the Cæsars, it most commonly was regarded as an ignoble profession, and practised only by slaves, freed-men, and foreigners. Celsus, whether a practitioner or not, seems to have studied carefully, surgery as well as physic, and accordingly his descriptions of chirurgical diseases and chirurgical modes of practice, like those of the Greek practitioners, from whom he has professedly borrowed so much, constitute not the least accurate and valuable part of his writings.

From the overthrow of the Roman empire till the revival of literature and the arts in Europe, medicine, like many of the other arts and sciences, took refuge with the Arabians. Though prohibited by their religion from dissecting dead bodies, the Arabian physicians appear to have practised surgery in common with physic. In proof of this we need only appeal to their writings, in which we find several diseases and chirurgical operations described, that were unknown to Greek and Roman practitioners.

But though the cultivation of medicine as a science might be said to be wholly in the possession of the Arabians, from the time of the overthrow of the Roman empire till the revival of literature in the twelfth and thirteenth centuries, this was by no means the case with regard to the practice of the art. For, during the whole of that long and dark period, as has been remarked by an acute and intelligent surgeon, the practice of medicine was, in the greater part of Europe, almost entirely in the hands of the clergy, who, by involving it in superstition, found it a profitable employment, and in many instances an introduction to ecclesiastical preferment. Surgery, during this period, was in a very low and degraded condition; even anatomy, the only true foundation of this as of all other medical science, was no where taught, and the knowledge of operations, imperfect even as it had been among the Greeks and Romans, was no longer to be found in papal Europe. So degraded, indeed, was the practice of surgery, that a principal part of it, the care of the wounded and lame, was commonly entrusted to women and ignorant pretenders. Such at least was the state of medical science and of medical practice in the greater part of Europe, when the University of Paris began to assume a regular form under the reign of Louis the Seventh.

The establishment of literary and scientific colleges or universities, forms a remarkable æra in the history of human instruction. These institutions seem to have had their origin in the East, and to have borrowed some of their usages, as well as their form, from the sacred colleges of the priests. In these seminaries, as the classical historian of Charles the Fifth remarks, the course of education in modern times has been fixed; professors have been appointed to teach different parts of science; a regular form of trying the proficiency of students has been prescribed, and academical titles and honors are conferred on such as acquit themselves with approbation.

Of the universities first established in Europe, a few in Italy excepted, the greater part were originally ecclesiastical corporations, instituted chiefly, if not solely, for the education of churchmen. They were founded by the pope, and were so entirely under his immediate protection, that their members, whether masters or students, were exempted from the civil jurisdiction of the countries in which they were situated, and were amenable only to the ecclesiastical tribunals.

But as the improvement of medicine was not the principal object of these institutions, so it was some time before, in papal Europe, this science was permitted to be taught in them. It was not till about the end of the twelfth century, that a faculty of medicine was added to those of divinity, arts, and degrees, in the University of Paris—the source, it may be remarked, from which the other universities of Europe have since borrowed most of their regulations, usages and ceremonies. In consequence of this improvement in academical education, the established teachers began to study and to explain, in their public lectures, the writings of Hippocrates and Galen.

But the novelty of these studies leading many of the clergy to neglect their religious duties, the church found it necessary to interfere, and to emit various edicts, which seem to have been but very imperfectly observed by those for whom they were intended. In one of these edicts, emitted in a council held at Tours, by Pope Alexander the Third, in 1163, it is very openly insinuated, that the devil, according to his usual custom, transforming himself into an angel of light, had, under the pretext of giving assistance to their brethren languishing under disease, seduced many of the clergy out of their cloisters to the study and practice of medicine; and that, as this practice was calculated to involve spiritual men in the affairs of this world, the church found it necessary to ordain, that no one, after he had taken the vows, and made a profession of religion, should apply himself to the study of medicine or civil law ; and that if any person did so, and did not return to his cloister within two months after the publication of this edict, he should be shunned by all as one who had been excommunicated. This edict having been sadly neglected, was afterwards repeated by Pope Honorius the Third, about the year 1215, with an additional canon, which ordained that no ecclesiastic should prescribe bloodletting, practise that operation, or be present where it was performed ; and that no sub-deacon, deacon, or priest, should exercise any branch of surgery, or give the right of benediction to any who practised the same.

"In consequence of these restrictions, a few laymen were encouraged to apply to the study of physic. But, as the University of Paris would not receive them without a vow of celibacy, most of them became priests when they had finished their studies. The priests being now forbidden to leave their cloisters, were, for the most part, consulted at home. The servants or friends of the sick used to carry their urine, and other excrements, to them, with as good an account as they could give of the indisposition." Nothing, says the author of L'Histoire de l'Origine et de Progres de la Chirurgie en France, a work which has usually been attributed to M. Quesnai, nothing could be wanting to complete the ridicule of physic practised after this fashion, but the act supposed to have been made by Henry II., of France, which ordains, That, upon the complaint of the heirs of persons who die through the fault of their physicians, justice shall be administered as in other cases of homicide ; and that the physicians who receive fees shall be bound to taste the excrements of their patients, and to perform to them all manner of kind offices—otherwise they shall be adjudged to have been the cause of their death. After examining with all due care the natural discharges of their patients, regarded even at that time as excellent sources of information, the clerical physicians directed what medicines were to be taken, and, in cases of external disease, what applications were to be employed. In cases of external disease, it was most usual for the priests to send their own servants, who acted as their barbers, to perform what was necessary of manual operation; and hence the first origin of that class of practitioners, so well known since, in Europe, by the name of the Barber Craft or Barber Surgeons. It deserves to be remarked, that, about this time, Pope Alexander the Third had revived the canon first issued by the synod of Carthage, respecting clerical tonsure, or shaving of the head; and that cold applications to the head, previously shaved, formed a very principal remedy in many diseases. From these two circumstances, the number of barbers was of course greatly augmented. Many of them became wholly employed in visiting the sick for the clerical physicians, in performing the inferior operations of surgery, and in examining into, and prescribing for, the diseases of the urinary and genital organs, particularly of the female sex; all of which employments were considered as too indelicate and degrading for the sacred function of the priesthood. The barbers employed in these offices acquired, as may be readily conceived, some slight knowledge both of physic and surgery, and in time also obtained a considerable degree of the confidence of the public. The more important chirurgical "operations, of which very few indeed were then performed, were commonly entrusted to the lay scholars of the universities who had studied physic, but had not been permitted to become members of the medical faculty, not having taken the vow of celibacy. These scholars, however, were very few in number, so that the clergy occasionally intermeddled with this branch of practice, till at length, by two decrees, the first issued by Pope Boniface the Sixth, at the close of the thirteenth century, and the second by Pope Clement the Fifth, at Avignon, soon after the beginning of the fourteenth century, surgery was formally separated from physic. The priests were absolutely forbidden to practise it under pain of excommunication; and the University of Paris, in consequence of these decrees, refused to admit any student into the faculty of medicine who did not abjure surgery." It is from the separation produced by these two decrees, that we ought, I conceive, to date the true origin of the distinction between physician and surgeon, such as it has existed in modern times; a distinction unknown in the practice of the ancients, and for which, after some research, I have not been able to find any better reasons than those which have been assigned, unless, perhaps, we were to expect that maxim, *Ecclesia abhorret a sanguine*, often expressed in its decrees, it is true, but never, I believe, acted upon, but in this instance, by the church of Rome. This is a distinction, also, it deserves to be noticed, for which we are indebted to men who, though they made little scruple of murdering obnoxious rivals, or of burning reputed heretics alive, regarded anatomy, or the dissection of dead bodies, as barbarous and profane, ignominious to the persons who performed it, and injurious to the character of the deceased.

Some time before this separation had been produced between physic and surgery, medicine was begun to be cultivated with some degree of attention at the famous school of Salernum, in Italy; and the study of this science appears also to have been not a little promoted by several of the Italian universities admitting lay students to equal privileges with the clerical. Some of these lay students became physicians of celebrity; and the clergy, partly from choice and partly from necessity, left the performance of chirurgical operations entirely to them. "Several of these lay physicians passed over into France at different periods, where they practised surgery with considerable success and reputation; but that they did not confine themselves entirely to surgery, is very evident from their writings."

It deserves to be remarked, that the French, however unwilling their historians may be to allow it, seem first to have obtained a scientific knowledge of surgery from the lessons and example of these Italian physicians, who ought to be regarded as the restorers of surgery in modern Europe. They had probably, in their turn, received a great part of the knowledge which they possessed from the Arabians, who had, for some centuries, overrun many parts of the south of Europe. Francis the Second, of Naples, the most enlightened monarch of his age, and who, during a long reign, had resisted the tyranny of the pope, always maintained a strict friendship with that laborious people, and carried on with them, even after he had expelled them from his dominions, an extensive intercourse in literature and the arts. This monarch regulated by an edict, in 1233, the period of attendance, and the forms of examination, necessary to qualify the student for a medical diploma in the school of Salernum, and several other universities of Italy; and, by these regulations, ordained that no one should be admitted a master, or doctor in physic or surgery, till he had studied carefully the rudiments of both arts. It was this edict which seems to have given rise to the titles *Chirurgo-Medici*, or *Doctores Utriusque Medicinæ*; titles which are still preserved in some parts of the continent, but which have never been united in the medical degrees conferred by the universities of Great Britain. Soon after this period, also, Louis the Ninth, of France, commonly called St. Louis, who had accustomed himself to assist in dressing the wounds of his soldiers, first incorporated into one public body the surgeons of Paris. "After the mandate," which I have already mentioned, "of Pope Alexander, had been repeated by Honorius the Third, the clerical physicians more frequently gave advice in the churches, especially in the church of Notre Dame, where the surgeons attended to receive their directions about some of their patients, and to dress the sores of such as resorted to that asylum. At length, St. Louis thinking the surgeons deserving of more respect than merely to be considered as the scholars and underlings of the physicians, formed them into a college, or confrerie, about the year 1268, in honor of St. Cosme and St. Damien; and in the church consecrated to these saints, the surgeons, for several centuries after, were obliged to attend the first Monday of every month, after divine service, to dress the wounded and lame poor, gratis.

"In this manner arose the two classes of surgeons in Italy and France, which have, in a greater or less degree, existed ever since in most countries of Europe,—those who had had a regular education in the schools of medicine, and occasionally practised as physicians, and those who, without any academical education, were originally employed as the servants of the priests, being in fact barbers."

Some of these barbers, on leaving their employers, began to encroach on the regular practitioners of surgery. The number of surgeons who had obtained an academical education, had begun, it is true, to multiply; but, as it was still small in comparison with that of the barbers, these were of necessity tolerated as inferior practitioners. At length, "however, in the year 1301, the barbers were summoned before the Procureur de Roi, or king's attorney, and forbidden to practise till they had been examined by the regular-bred surgeons; or, as they were then styled, *Les Maitres Chirurgiens*. The word *Maitre*, or Master, was equivalent with Doctor; and accordingly the physicians, in the writings of that period, are often styled *Maitres de Medicine*, or Doctors of Physic. The *Maitres Chirurgiens*, Doctors of Surgery, or Master Surgeons, had no specific authority, so that the number of ignorant pretenders daily increased; till at length John Pitard, who had been surgeon successively to St. Louis, Philip the Brave, and Philip the Fair, obtained an edict from the latter in the year 1311, by which he was empowered to assemble with the masters in surgery, to compel all the practitioners in that art to appear before him, in order to be examined respecting their qualifications, to grant licenses to such as were of competent abilities, and to take them before the Provost of Paris to be sworn. The Provost was at the same time authorized to punish all who dared to practise within the city and liberties of Paris, without having first obtained this sanction from John Pitard, or his successors in office. This edict was repeated with some slight alterations by King John, in 1352, and again in 1355, and afterwards by Charles the Fifth, who, while he was regent, had enrolled his own name among the list of master surgeons, and who finally determined, in the year 1372, that the surgery of the barbers should be confined to dressing boils, bruises, and open wounds, which were not mortal, but which might become so without timely assistance."

This community, or college of regularly-bred, or master surgeons in Paris, is the first example, I believe, to be met with in history, of the institution of a medical college distinct from a university; and the great purpose of its erection, it deserves to be particularly observed, was to secure the public, as well as the medical profession, from the dangerous intrusions of rash quacks and ignorant pretenders.

Separate colleges of surgery and physic now began to be established in the different countries of Europe, and attempts were made to ascertain, and to establish by law, the particular limits of these two professions. A very slight examination, however, of the charters granted in different countries, or even in the same country at different periods, to the respective colleges of physicians and surgeons, will, to those who take an interest in inquiries of this nature, suffice to evince, that government, in attempting to fix these limits, had undertaken a task far above its reach; because a task contrary to the decrees and to the intentions of nature. Of course we find that the limits between these two parts of the medical art were perpetually varying, according to the prejudices of the legislators who vainly endeavored to fix them; or, according to the temporary, and but too often selfish interest of those, by whom such charters were obtained. Instead of regarding their charters as barriers wisely placed by the legislature between the public and those who pretended to practise physic and surgery, without having had the advantages of a liberal and professional education, these charters were converted by their possessors into instruments of mutual warfare, and made the subject of endless and most disgraceful disputes.

A slight enumeration of some of the rights and privileges which, at different times, were made the subject of contest by the respective practitioners of physic and surgery in the city of Paris, while it cannot fail to convince of the folly of all such disputes, will also, at the same time, serve to explain the manner in which these two classes of men have, in modern times, been almost always the enemies and rivals of each other.

I have made choice of Paris, in giving this account, because it was, as I have already said, the great theatre of these contests, and the source from which most other countries of Europe borrowed their customs and medical institutions. These contests, however, have not been confined to Paris alone, but have uniformly arisen in every country in which the distinction between physician and surgeon has been confirmed by law; and there is too much reason to believe that they are contests which will continue, in a greater or less degree, so long as separate colleges, or communities, of physic and surgery exist.

The surgeons of Paris, I have stated, were formed, by Louis the Ninth, into a confrerie, community, or college of surgery, about the year 1268, in honor of St. Cosme and St. Damien, and, to distinguish them from the barbers or servants of the priests, who at that time practised surgery, they were denominated *Les Maitres Chirurgiens*, or the Master or Doctor Surgeons, and afterwards Surgeons of the Long Robe, or the Surgeons of St. Cosme. At the time of their first erection into an incorporated body, these surgeons seem to have been possessed of no peculiar privileges or immunities, and their powers were limited to the examination of candidates, and the granting of licenses to practise surgery, to those who were approved of by them. In an act of King John, of 1355, they are represented as forming a *Faculty*—a term by which the different literary bodies in the University of Paris were at that time distinguished. To quicken their vigilance in preventing ignorant or improper persons from intermeddling with the practice of surgery, they were allowed, by an act of the same king, in 1360, one half of the fines imposed upon those who ventured to practise without having a license; and in 1370, King Charles the Fifth, of France, granted them the privilege of exemption from the keeping of guard and watch in the city of Paris. It is obvious, from the terms of this last grant, that the surgeons, in imitation of the different faculties existing in the university, had introduced honorary distinctions, or degrees, into their body; for we find them mentioned in this act as Bachelors, Licentiates, Masters, Graduates, and Non-graduates, in Surgery. Narrow and circumscribed as the powers and privileges of this body were, they appear to have been viewed with a jealous eye by the clerical physicians, who, at that time, formed the medical faculty in the University of Paris, and were consequently more immediately under its protection. It is in this jealousy of privilege, and in the opposition of interest necessarily arising between the surgeons and the medical faculty, that we are to seek for the true origin of the disputes which lasted for several centuries between these two bodies. So early as the year 1390, we find the regularly-bred, or master surgeons, complaining to the university of the encroachments of the barbers, and other ignorant pretenders, who were secretly patronized by the medical faculty; and at the same time petitioning the university to take them under its protection, and to assist them in the suppression of this irregular and empirical practice. After much deliberation among the different faculties in the university, the prayer of this petition was granted, but with this particular condition, "*quod domini supplicantes eisque adherentes tanquam veri scholares non alias essent juvandi.*" By this transaction, the surgeons became the acknowledged scholars and pupils of the university—an appellation which certainly did not imply any inferiority on their part to the other scholars of that institution, nor derogate in any degree from the literary and scientific character, which it ever after was the pride and ambition of the surgeons of St. Cosme to maintain.

A request was made by the college of surgeons, about the year 1486, to be acknowledged as members of the university, with a view to obtain an exemption from the payment of certain heavy impositions or taxes, which were at that time laid upon the inhabitants of Paris. So favorable an opportunity of obtaining some mark of respect from the surgeons, was not to be neglected by the medical faculty; and accordingly we find that the favor which the surgeons solicited was granted, on condition that those who were to be bred to the profession of surgery, should attend the lectures given by the medical faculty in the university. In this condition, also, there was surely nothing degrading to the surgeons. It provided for their better education, by obliging them to study, not only in their own schools, but also in those of the medical faculty. But, instead of being denominated the scholars of the university, the surgeons, in consequence of this transaction, became the scholars of the medical faculty. This distinction, though at first sight apparently trifling, led afterwards to very important consequences. For no sooner almost had the surgeons made this acknowledgment, than they were immediately accused of inattention, neglect, and want of due respect, towards their teachers, the clerical physicians.

About the year 1452, Cardinal Etouteville abolished the law which bound the physicians of the university to celibacy—a measure which had most important consequences to physic, and to those who professed it; for "many of the clerical physicians, thinking there was more comfort to be found in a wife without a benefice, than could be expected in a benefice without a wife, abandoned the priesthood, and were then permitted, of course, to visit their patients at their own houses. They became very jealous of the influence of the surgeons, to whom before they were so much indebted, and tried all the arts and manœuvres that monkish craft could devise, to oppress and degrade them: violent disputes, therefore, frequently arose between these two bodies of men, in which the physicians, being members of the university, and more immediately under clerical protection, generally prevailed. The surgeons, very unwisely, made several attempts to push themselves, as a fifth faculty, into the university, and to make friends for this purpose of the very men who were despising and persecuting them. They appealed to their honor, their good sense, and so on, but as they could not appeal to their interest, the surgeons generally frustrated their own intentions, and only gained the honor of being acknowledged as the scholars and pupils of the medical faculty, and of being occasionally admitted to receive apostolical benediction in the university, from the same lips as their rivals and oppressors, the clerical physicians." But it was among the class of barbers that the physicians endeavored to form a body of adversaries formidable to the surgeons. They encouraged these barbers in private; promised them their protection, and began by giving them secret lessons on an art which they themselves had been strictly forbidden to learn or to practise.

The surgeons complained, in a formal representation to the medical faculty, in 1491, of the protection that was given to the barbers, and of the lessons on anatomy and surgery that were privately read to them by some of the members of the medical faculty. The medical faculty seem at first to have been ashamed of this protection, and of these lessons; for, in their reply to the complaints of the surgeons, they declared, that if any such lessons had been given to the barbers, they were given contrary to the laws and to the wishes of the faculty. Yet, notwithstanding this declaration, the medical faculty, two years afterwards, published a decree, by which they bind themselves to instruct the barbers in the lesser operations of surgery; and for that purpose agreed to give them one of their doctors, or, as he is denominated in the decree, one of the masters of the faculty, to read the chirurgical writings of Guy de Chauliac, and to explain these writings to them in their vernacular tongue, to instruct them also in anatomy, and to practise with them the treatment of boils, tumors, and some other external diseases. By this decree, provision was made for the future education of an order of practitioners, who were to learn surgery in the schools of physic, and who afterwards were known by the name of Barber Surgeons, though that was an appellation which they were not permitted to assume for several years after they had become the professed scholars and dependants of the medical faculty.

In every dispute which arose after this time, we shall find each of these three different classes of practitioners, the physicians, surgeons, and surgeon barbers, constantly striving to advance its own individual interest, to the detriment of the other two branches of the profession,—the physicians uniting sometimes with the surgeons, and sometimes with the barber surgeons, according to the vacillations of interest, or according to the real or supposed influence of either of these contending rivals.

It must not be forgotten, that it was among these three orders of men that the disputes about privilege and superiority of professional rank commenced, which have been perpetuated to our times; and that it is in the prejudices and absurd customs of these men that we are to seek for the maxims by which the opinions and conduct of those who still contend for separate and exclusive privileges in the practice of medicine, are in some measure regulated. The barbers of Paris, in their origin, were the servants of the priests, but in the progress of time they became, like the apothecaries of England, or the surgeon-apothecaries of Scotland, the medical guides of by far the greater part of the community. It was not, however, till about the year 1301, that the barbers were distinguished, in any public act, as a distinct body of medical practitioners. At that period, they became licentiates of the College of Surgeons. They were to be examined by the surgeons, and to be by them declared qualified, before they were permitted to practise any of the lesser operations of surgery. This right of examining and of licensing the barbers, appears to have continued unimpaired with the surgeons of St. Cosme, till about the year 1577, when the physicians, after much intrigue, and many ineffectual struggles, at length obtained the privilege of being present at the examinations of their pupils the barbers; though it does not appear that they ever claimed any right to give an opinion on the qualifications of the candidates, but merely to collect the suffrages of the surgeons who were the examinators. But even with this license, the barbers were not permitted to intermeddle with the management of any important case, unless in accidents threatening immediate danger from loss of blood; and the moment the bleeding was suppressed, they were obliged to give public intimation of what they had done, and to deliver over the patient to the surgeons. Their practice at first was strictly confined to bloodletting, opening small boils, dressing slight wounds, and to the administration of glysters.

It was not till about the beginning of the sixteenth century, that the disputes between the two faculties of physic and surgery in Paris began to assume a regular form, and to be limited to distinct claims on the part of one of these faculties, which were always more or less strenuously opposed by the other. One of the privileges, as has been already mentioned, which the surgeons of St. Cosme had often solicited, and which they were most ambitious to obtain, was that of being acknowledged as members of the university. They had, indeed, been repeatedly recognised as its scholars and pupils; but, in the year 1515, they were encouraged to petition for admission into the university as a fifth faculty. To this petition the university returned for answer, that the surgeons could not be admitted into the university, forming a fifth faculty, but merely as the scholars of the medical faculty, and that, also, only so long as they continued to attend the lectures and other public acts of the medical faculty.

The exclusion of the surgeons from the university became, after this, one of the rights claimed by the physicians, and, of course, one of the grievances complained of by the surgeons. Surgery was no where regarded as a liberal art, and accordingly from this time, for a period of nearly three hundred years, it has either been prohibited from being taught, or no provision has been made for that purpose in the erection of the greater number of the universities established in Europe. Exclusion from the university at that period, however, is not simply to be regarded as the deprivation of a literary honor, for it carried along with it the privation of other advantages, of much more valuable consideration. To say nothing of the taxes and other burdens to which laymen at those times were liable, and from which the members of the university, as belonging to the clerical order, were exempted, it will be sufficient to mention the denial to the surgeons of the right of apostolical benediction. When the principal, or chancellor, as he was then termed, of the university of Paris, at the request of Charles the Ninth, was about to confer this benediction on the surgeons of the long robe, the medical faculty interposed, and emitted the following declaration:—"That this intention of the chancellor was most unjust, because the surgeons were not qualified to receive the apostolical benediction, having never been members of any of the four faculties in the university, nor ever having received certificates from the professors in these faculties;—conditions which had usually been complied with by those who had sought to obtain apostolical benediction, and the degree of a licentiate in any of the faculties; and that it did not belong to the chancellor, nor indeed to any man, without the express mandate of his holiness the Pope, by whom the university was founded, and upon whom it chiefly depended, to introduce any innovation into that ceremony." It is singular enough that the ceremony of conferring apostolical benediction continues to be, even at the present day, and in Protestant countries, the very form by which candidates for medical degrees are constituted licentiates, graduates, and doctors in physic; though the reason, it is to be hoped, for the continuance of this ceremony, is not, in our times, so urgent as it appears to have been at the period of which we are speaking. The historian Riegel, from whom I have taken my account of this transaction, remarks, that the apostolical benediction, in those days, supplied, in the candidates, the want of a knowledge of anatomy, surgery, physic, and philosophy.

Another privilege which the surgeons of Paris claimed as a right inherent in their body, was that of conferring honorary degrees in surgery; and this privilege they continued to enjoy for a period of more than two hundred years. The precise period at which the different universities in Europe first began to confer honorary titles or degrees, is not well ascertained; but it seems to have been a practice borrowed from the mechanical trades: "as to have worked," says Mr. Smith in his Wealth of Nations, "seven years under a master properly qualified, was necessary in order to entitle any person to become a master, and to have himself apprentices in a common trade, so to have studied seven years under a master properly qualified was necessary to entitle him to become a master, teacher, or doctor, words anciently synonymous in the liberal arts, and to have scholars or apprentices, words originally synonymous, to study under him." With what advantages to society this period of study has been abridged in the education of those who are intended for the profession of medicine, I shall not now stop to inquire. Degrees in surgery are first mentioned, so far as I can find, in a grant of Charles the Fifth, of France, to which I have already referred; and many proofs of their having been publicly conferred, with all the ceremonies of the university, might be adduced, were it necessary, from the registers of St. Cosme. Besides the ceremonies which we have retained, it is recorded in the history of these times, that the new graduates, upon receiving their medical degrees, made a present of red bonnets, *des bonnets rouges*, to their teachers, and of gloves to their fellow-students—a part of the ceremony of graduation for the omission of which I do not find that any satisfactory reasons have been assigned. After the union of the College of Surgeons with the Barber Surgeons, which took place in the year 1655, the Medical Faculty endeavored to prevent, sometimes with greater, sometimes with less success, the surgeons from giving or assuming any honorary titles or degrees.

Among the various points which at different times were contested between the Medical Faculty in the university of Paris and the practitioners of Surgery, one would scarcely expect to find the right of publicly instructing their respective pupils; and yet, while anatomy was almost exclusively taught by the surgeons, the physicians, in their turn, uniformly, and most strenuously maintained, that they were the only good, fit, and competent teachers of surgery.

"The absurdity of having surgery taught by one set of men, while it was wholly practised by another, seems almost too gross to need pointing out. Such a plan was probably never thought of in any other profession; and it is, at first view, rather surprising it should ever have been thought of in surgery." But this practice, absurd as it appears to us, and pernicious as it has been wherever it has been adopted, to the progress of surgery, had its origin, like many other customs of modern Europe, in the prejudices and absurd opinions of the church of Rome, and in that spirit of domination, exclusion, and monopoly, by which most of her institutions at that period were actuated.

The dispute with regard to this point lasted for several centuries between the College of Surgeons and the Medical Faculty in the university of Paris. These bodies appointed their respective professors of surgery, and the College of Surgeons were repeatedly interdicted, both by the university and by its holy protector the pope, from teaching publicly the art which they professed.

As a very natural consequence of the right of instructing the surgeons, the Medical Faculty strenuously maintained, that they had a right also to determine the cases in which chirurgical operations are necessary,—to be present at these operations, and to direct, in every particular, the conduct of the operator.

Not only were the surgeons not to perform chirurgical operations except in the presence, and under the superintendence of the physicians, but the medical faculty also contended that surgeons should not be permitted to publish any work, even on the subject of their profession, till it had been examined, and had received the approbation and license of that faculty. In urging this claim they seem to have been more successful; for they actually obtained a decree prohibiting, under severe penalties, the publication of any medical books which had not previously obtained their imprimature. How such a right was likely to be exercised by those who regarded it as a most presumptuous thing for a surgeon to write a book, may easily be conjectured. I shall give only one example of the exercise of this right, in so far as it relates to the writings of the most distinguished surgeon France has ever produced. Ambrose Paré, who has always been considered as the father of French surgery, had the merit of introducing into practice an improvement, the most valuable that has ever been made in surgery, namely, that of tying the arteries in amputation. But this improvement gave great offence to the medical faculty in the university, and particularly to M. Gourmelin their Dean, who was himself an instructer of the barbers in surgery. The right of imprimature, accordingly, was denied by the faculty to a small work of Ambrose Paré's, which contained an account of this improvement. This work could not have been published, nor his improvement generally made known in France, but for a particular license, which, in consequence of his influence at court, Paré obtained directly from the king.

The medical faculty seem to have remained in the possession of this right till about the year 1725, when, in consequence of a great deal of disturbance, occasioned among them by an approbation which had been given, by the celebrated Winslow, to a treatise on the Diseases of the Bones by M. Petit the surgeon, an attempt was made, on the part of the surgeons of St. Cosme, to be permitted to examine, and to give to or withhold their imprimature, from books written on the different subjects of surgery. This attempt excited great alarm among the physicians. Meetings were held, and representations and remonstrances presented against the surgeons. But the surgeons at last prevailed, and the two faculties of physic and surgery now began a new kind of warfare, in the acts of approbation which they gave to the books they respectively examined.

Another point long keenly contested between the medical faculty and the college of surgeons, and one indeed that was not unfrequently made the subject of legal interference, was the right of preventing surgeons from using internal remedies even in chirurgical cases, and from undertaking the management of internal diseases. The Legislature of France made many vain attempts to fix the limits between the two professions of physic and surgery; and mutual concessions and grants made to each other by the contending parties, of particular diseases as a species of disposable property, were not productive of any better effects: for the public perversely persisted in employing those practitioners in whom they reposed the most confidence, without any regard to the faculty to which they belonged, and the practitioners themselves continued to follow that branch of the profession from which they found they could derive the largest emoluments. So strongly indeed did this disposition manifest itself, that the medieal faculty was often reduced to the necessity of binding its members by an oath not to practise any of the branches of surgery.

This jealousy of the medical faculty, with regard to the encroachments of the surgeons upon the province of internal disease, showed itself often in very minute particulars. A prescription for some trifling complaint, or a certificate of bad health written by a surgeon, was often adduced, in courts of law, as undeniable proof of a violation of legal charters, and the offender was usually punished by being obliged to pay heavy fines, or to make most humiliating submissions. In the month of February, 1726, the medical faculty made a formal representation, on the subject of certificates for health, to Cardinal de Noailles and the curates of Paris; in which they take great pains to convince that pious and learned body, that the reason why Lent had for some years previous to this been so ill observed, and infidelity had made such an alarming progress, was the facility with which certificates of indisposition could be obtained from the surgeons of Paris, and the too easy exemption from the observance of that ceremony, which the curates had granted to those who produced these certificates. In this representation, the medical faculty state, that they were influenced in making it solely by a regard for religion, never having taken anything for the certificates of health either from the rich or the poor; and request, that the curates would no longer grant a dispensation from the observance of Lent, on the certificate of a surgeon. An order to that effect was soon after emitted by the cardinal, and fixed up in a conspicuous place on the doors of all the churches in Paris. How long and to what extent this order was obeyed, it is of little consequence for us to inquire. It answered completely, for the time, the purpose which the faculty of medicine intended by it, and procured for them, from the cardinal and curates of Paris, as M. Andry, the historian of this transaction, informs us, much praise for their disinterested zeal for religion, their attachment to the laws of the church, and their pious concern for the spiritual welfare of their patients.

But one of the most singular of the many points long litigated between the medical faculty and the college of surgeons, was undoubtedly that which relates to the rightful possession of the services of the barbers. This third body of medical practitioners, in the progress of the disputes of which I am endeavoring to give a slight account, became alternately the enemy or ally of each of the two more powerful contending parties.

It was not till the year 1505, that the barbers obtained the name of surgeons, or were permitted of themselves to practise surgery. For some time, the lessons to the barbers were delivered in their vernacular tongue, though this was contrary to the statutes of the university, and in contradiction to an express agreement with the college of surgeons. At length, however, it was resolved that the lessons should be delivered only in Latin; and this resolution seems to have operated very powerfully in improving the education of succeeding barber surgeons. Though many of the barber surgeons were themselves too old to acquire a knowledge of Latin, this order of the medical faculty must have been a strong inducement to them to have their children instructed in that language; — a circumstance which must, in the course of a very few years, have changed considerably the condition of those who were to become the pupils of the physicians, have broken down in some measure the barriers which separated them from the surgeons, and have gradually paved the way for that union between the two communities of surgeons and barber surgeons into one incorporated body or college, which took place in the year 1655. This union displeased exceedingly the faculty of medicine in the university, who had been accustomed to consider the barbers as their servants. They accordingly presented a remonstrance against it to the king, and in this remonstrance they were supported by all the authority of the other faculties in the university. The case was pleaded with great solemnity before judges specially appointed to try it. In the course of these pleadings, the faculty of medicine contended that the barber surgeons were inseparably connected by two solemn contracts with their faculty ; that they owed to it their establishment as an incorporated body, and could not, without ingratitude, forget the favors which they owed to its protection, nor refuse, without injustice, to yield the obedience which they had so solemnly promised.

This union, however, was confirmed by the king in 1660 ; but with the following limitations :—that the barber surgeons should not assume the titles of licentiates, bachelors, doctors, or professors, and that in their anatomical and chirurgical demonstrations, which were to be given with open doors, they should not wear a gown or a bonnet, ornaments of literature to be reserved, after the publication of this edict, for the professors and scholars of the university. But the medical faculty did not content itself with these limitations. It demanded that all public lectures, theses, and disputations, should be prohibited in the schools of surgery; that the surgeons of St. Cosme, who had become associated with the barber surgeons, should be obliged to obey the conditions of the contracts which had been entered into by the barbers with the medical faculty ; that the surgeons should be obliged to learn their art in the schools of the physicians ; that the physicians should preside in the meetings of the surgeons, when members were to be examined or received ; that the surgeons should not be permitted to instruct their pupils in the theory of surgery; and that the physicians should preside at the anatomical dissections made by the surgeons, so that while the surgeon performed the manual part of the dissection, the physician should prelect and explain. In addition to these demands, the medical faculty insisted that the surgeons should be obliged to take an oath of fealty, and pay annually a small piece of money, as marks of their inferiority and of their dependence upon the faculty of medicine. The resistance of these claims occasioned long and violent disputes, and each party in these disputes, as its influence at court or genius for intrigue was superior, alternately prevailed ; till at length, in 1671, Louis the Fourteenth, weary of these useless altercations, but anxious to promote both branches of the medical profession, determined that the lectures on surgery should in future be read at the Jardin Royal by a surgeon, and shortly after gave orders that bodies for dissection and the necessary demonstrations should be freely supplied. " The wars which deluged the continent with blood during the reign of that ambitious monarch, made surgery of greater importance to the public than ever. The increase of anatomical knowledge rendered its operations more sure, more exact, and more successful. It arose, as it deserved, in general esteem; and as Paris was considered as the principal source of these improvements in surgery, which were everywhere visible and everywhere beneficial, the demonstrations in the Jardin Royal were crowded with pupils from all parts of Europe; and in the year 1724, no fewer than five public professors of the theory and practice of surgery were appointed in that school." The effects which this institution has had not only on the state of surgery in France, but in all the other countries of Europe, are too well known to require any explanation.

II.

PROFESSOR PATTISON.

The following account of Professor Pattison, who has figured of late at the London University, and was formerly a medical teacher in this country, is from the pen of a highly respectable practitioner in Manchester, Eng., and was recently published in the Medical Gazette.

It was in 1812, if I am not mistaken, that Mr. Pattison, on the death of Allan Burns, whose demonstrator he had been and intimate friend, succeeded to the vacant chair in College Street. I am able to speak with confidence respecting the estimation in which he was held during three successive courses of lectures, of six months each, which he delivered in the winters of 1814, 15, and 16. His class-room accommodated, but with some difficulty, 128 pupils. I well remember that there never was one seat unoccupied in a single lecture. My impression is, that he was regarded by the students generally as being by far the best teacher of anatomy in Glasgow; at a period, too, when, besides the University Professor, he had the late Dr. George Monteith as a competitor. He was particularly noted for minute and practical acquaintance with anatomy, and especially for his surgical anatomy. His demonstrations on the neck and face are not likely to be forgotten by those who had then the privilege of witnessing them.

Mr. Pattison's manner as a lecturer was inferior to that of his opponents. Monteith was a handsome man, with a graceful delivery; while the other, Professor Jeffrey, is (or was) one of the best-looking men I have seen, and remarkable in his physiological discourses—a branch to which he devoted too much of his course—for dignified and most attractive eloquence. Pattison spoke with a lisp, and his delivery was peculiar and somewhat monotonous, but—I speak in the past tense, for I have not seen him for more than fourteen years—his language was sufficiently fluent, distinct, and impressive; and those who were attentive to the *matter* which he so zealously uttered, as all the students, I believe, were, had no fault to find with the *manner*.

Mr. Pattison is still a young man, in the full vigor of his days. Of course, I cannot pretend to say that he *may* not be changed from what he was when he so honorably filled the chair of Allan Burns. Years, it has been said, teach wisdom. It is strange if he have indeed gone backward in attainments, when the young gentlemen, his auditors, few of whom, perhaps, are half his age, are so forward in knowledge. This is a mystery too profound for me to solve. Perhaps, but I speak with the greatest diffidence, there is one way of accounting for his recent incompetency as a lecturer. Sixteen years ago, students were less precocious and enlightened than they are now. They were modest, diligent, and many of them ardent, in the pursuit of professional knowledge. They formed themselves into clubs, it is true, but it was for literary and scientific purposes. They were then too simple to think of forming "Committees," in order to control and manage the affairs of their Teachers. It certainly, at that period, did not occur to them that they knew as much as their instructers. On the contrary, there were very many who lamented their ignorance, and who trimmed the midnight lamp that they might satiate their thirst for that honorable knowledge, which, in the case of several, with whom I am proud to claim acquaintance, has conducted them to eminence in their profession, and no less to deserved estimation as members of society. This simplicity of theirs—this dawn of intellect, in comparison of the noon-day intelligence of our present illuminated order of students—is doubtless why, in 1815, those who had sat at the feet of Allan Burns could, when he was removed, still listen with deep interest to the accurate anatomical instructions of his friend and successor.

III.

CASES OF DISLOCATION OF THE THIGH BONE, WITH REMARKS, BY THE LATE MR. AVERILL, SURGEON, CHELTENHAM.

CASE I.—*Dislocation of the Thigh Bone into the Ischiatic Notch.*

ON Tuesday evening, September 2d, 1828, I was called to the hospital, to see Thomas Perry, 6½ years old, whom I found in his father's arms, struggling, and crying very loudly. He was stated to have received an injury to the lower part of the belly, and the thigh, by a person jumping accidentally upon him out of a rail-way cart, and alighting between his thighs. As I perceived he moved both his legs, and as they appeared both of the same length, I conceived it to be only a bruise, and directed him to be put to bed for the night. The following day there was considerable swelling round the hip, and handling the limb occasioned the child a great deal of pain, and caused him to cry loudly. An evaporating lotion was directed to be applied, and aperient medicine was ordered. The next day, the swelling having still increased, leeches were applied, and any attempt to move the limb, or make a particular examination, set the boy crying to such a degree, as almost to cause convulsions. Occasionally, during the one or two following days and nights, he cried so much as to disturb the other patients, and the nurse observed he started frequently in his sleep. As the swelling subsided, he became quieter, took his food, and appeared easy. To-day, the ninth day from the receipt of the injury, the swelling having quite subsided, I made a more particular examination of the limb, and found that the head of the right thigh bone was dislocated into the ischiatic notch. On placing the two limbs parallel to each other, and bringing the toes together, the dislocated limb appeared to be from half to three quarters of an inch shorter than the other, and the knee was inclined inwards; the limb admitted of rather free motion, and when it was rotated, the head of the bone could be felt behind the acetabulum lying over the ischiatic notch.

My colleagues having examined the limb, and agreeing with me as to the nature of the injury, it was considered best to attempt the reduction with the pullies. To effect this, a wetted roller was applied above the knee, to which another portion of doubled roller was attached; the pelvis was fixed by a silk handkerchief being passed between the thighs, and then attached to the upper bed-post. The pullies being fixed to the roller at the knee, and attached to a table placed against the foot of the bed, another handkerchief was passed round the upper part of the thigh bone, so as to lift the head of the femur over the margin of the acetabulum. Extension was made in a direction obliquely forward, and kept up for twenty minutes, when the knees appearing parallel to each other, the pulleys were suddenly loosened, in the hope that the head of the bone would be drawn into the socket; this, however, was not the case, for it returned again to the ischiatic notch. Extension was again made, and continued for near half an hour, when, at the time the knee was being rotated outwards, the head of the bone was drawn into its natural situation, the sudden jerk of which, though in so young a subject, was evident to all assisting in the reduction. The knees and feet were confined by a roller, and the patient was left.

Sept. 23d.—To-day he was lifted from his bed, placed on his feet, and allowed to try to walk, which he could not do without support. I directed that he might try the same daily.

Dec. 4th.—He was discharged from the hospital able to walk with but little lameness.

In offering a few observations on this case, I must plead guilty to the charge of not having minutely examined the boy when first admitted into the hospital; but I had no suspicion of a dislocation occurring in so young a subject, and I felt, at the time, satisfied, from the degree of motion of which the limb admitted, that the part was only bruised. That a dislocation into the ischiatic notch, in so young a subject as the one here related, is a very rare case, may be inferred from the fact that Sir A. Cooper, in the course of his extensive practice, has never met with an example of it. He has related one case of a little girl, seven years old, in whom the head of the bone was dislocated on the dorsum ilii, and this is the only case he has known of dislocation from accident in the young subject. When much swelling and inflammation are present, to make out the exact nature of injuries in the vicinity of the hip joint is exceedingly difficult, and, in all cases, not possible. I was once consulted in a case of this kind, in which, not exactly agreeing, as to the nature of the injury, with the gentleman who was in attendance, a third was called in, of greater experience than either, and who differed from us both, giving his opinion in the most decided manner; yet this gentleman, I understand, on seeing the case again, after the tumefaction had subsided, gave an opinion directly opposed to that he had previously so unequivocally expressed. —A further proof of the difficulty of making a correct diagnosis of injuries in the neighborhood of the hip joint, is evinced in the case of a physician of eminence in an adjoining county, who, I am informed, though a long sufferer, and still lame from an accident of this kind, is not aware of the injury he has sustained. No means of reducing the muscular power were resorted to, in the above case, further than exhausting it by continued extension. The boy was but a weakly subject, and I did not choose to risk the chance of a fatal termination, by producing a state of exhaustion from which it was possible he might not have recovered,—therefore, neither the warm bath, nor emetic tartar, were had recourse to. My fears on this head must not be considered wholly without foundation, as two cases have come to my knowledge, in which death has speedily followed that state of collapse, produced by those means of depletion which are occasionally had recourse to, with success, during the attempts to reduce dislocation of this description.

CASE II.—*Dislocation of the Thigh Bone into the Foramen Ovale.*

On the night of August 5th, 1829, I was sent for, with Mr. Skelton, of Charlton, to see Mr. Acott, aged 21, a muscular farmer, who, in returning from Cheltenham fair in a gig, with two others, was thrown from the vehicle, in consequence of the horse taking fright. We found him lying on his back, in bed, with his right thigh separated widely from the left, and the extremity near two inches longer than the other, admitting of very little motion, and causing great pain. Though the head of the thigh bone could not be felt, there was no doubt in the minds of Mr. S. or myself, that it was dislocated into the foramen ovale, and, as soon as the proper apparatus could be procured, we reduced it in the following manner:—The patient was placed on his back, on a table, in the passage of the house; a jack towel was carried round the pelvis, to fix it, and a belt, to which the pullies were attached, was passed round the upper part of the thigh, between it and the scrotum, and fixed to a staple in the wall. About twenty ounces of blood were taken from the arm, and a grain of emetic tartar given; slight nausea was soon produced; extension was then made in a direction obliquely outwards and upwards, and, in about three minutes, on bringing the knee inwards, the head of the bone was drawn suddenly into the acetabulum. The feet were then bandaged together, he was put to bed, and in about ten days left his room.

The ease with which this dislocation, in a very muscular man, was reduced, forms a striking contrast to the preceding, and shows how desirable it is that the attempt to replace the bone should be made as soon as possible after the receipt of the injury, and before the muscles have become in a permanent state of contraction.

CASE III.—*Dislocation of the Thigh Bone on the Dorsum Ilii.*

Nov. 24th, 1829.—In consultation with Dr. Boisragon and Mr. Seager, I saw a lady, aged 44, who, two days previously, had dislocated her right hip. As the patient was thin, the head of the bone could be felt on the dorsum of the ilium; the limb was shortened, so that the great toe was resting against the tarsus of the other foot. As an attempt to reduce the dislocation the day previously had been made, with towels, we thought it better to employ the pulleys, which were used in the precise manner directed by Sir Astley Cooper for the reduction of this kind, and it was not till extension had been continued for upwards of an hour, that the head of the bone was replaced, which happened while the knee was being rotated. Emetic tartar was administered to the extent of eight grains, previous to, and during, the reduction, but no sensible effect was produced by it, till upwards of two hours after she was replaced in bed. The feet were bandaged together, and she did very well.

Our efforts to reduce this dislocation were considerably opposed by those of the patient herself, who was, at the time, insane, to which circumstance the tardy action of the emetic tartar may properly be attributed.—*Midland Med. and Surg. Reporter.*

IV.

REMARKS ON THE USE OF INJECTIONS OF WARM WATER, WITH A DESCRIPTION OF AN APPARATUS FOR THEIR ADMINISTRATION.

By Leonard Peirce, M. D., of Sutton, Mass.

For the Boston Med. and Surg. Journal.

In the Boston Medical and Surgical Journal of May 3d, I read some remarks on the use of injections of warm water, accompanied by a cut of a syringe used for that purpose. I have been in the practice of using these injections in different diseases, especially the spasmodic ones, for more than two years past, and have been pleased to find them producing the most happy effects.

Most of the cases in which I have used these injections, have been of colic, convulsions, and constipation. The quantity of water thrown up should be from one to four quarts, according to the effect intended to be produced. The common injection syringe is inconvenient for this use, from the necessity for its frequent application. To remedy this evil, I had a syringe made by Mr. Oliver Hall, an ingenious artist of this town, in the form of a pump, with a pipe at the end for admitting the water, guarded by a valve opening inwards; and another pipe at the side, to be attached to a tube communicating with the rectum, with a valve opening outwards. This latter valve has a spring on its outer surface, by which it is kept constantly closed except when forced open by the descent of the piston. The body of the syringe, the pipes, and the cap, are of tin (block-tin); the shaft of the piston is iron, coated with silver to prevent its rusting; the piston itself is a cork turned to fit the calibre of the pump, or syringe (which is about three-fourths of an inch in diameter), and confined between two plates, the upper one of brass, the lower one of iron, through the centre of which the shaft passes. The lower plate, or that nearest the end of the shaft, screws on so that the cork may be compressed, and its diameter increased, whenever necessary. The whole length of the pump when the piston is down, including the end-pipe and the elevation of the shaft above the cap, is between five and six inches. To the end-pipe a wooden tube is fitted, with holes through the sides, near the lower end, to let the water through. This tube, when used, may be placed on the bottom of the vessel containing the water, and thus serve to support the pump. It may be dispensed with at any time, if found inconvenient. The common flexible stomach tube is the one I use for connecting the pump with the rectum. To the open extremity of this tube, a piece of wood is attached, into which the pipes are made to fit. The pipes are made so as to be separated from the body of the pump, in order to get at the valves, should they need repairs.

The following figures will serve to explain the structure of the pump.

[Here Dr. Peirce has given a drawing of his instrument, which is so like that figured in No. 12 of this Journal, Vol. 4, that it is deemed unnecessary to present it to the reader.]

The whole of the apparatus, except the tube, may be packed into a box and carried in the coat pocket. The tube might be made in pieces connected together with silver, so as not to render it unsuitable for an œsophagus tube, and the pieces be packed in with the pump.

When it is to be used, the patient should be placed upon the bed, on one side, with his back near the edge of the bed. An assistant should then take the tube, and, having it well anointed with lard or sweet oil, introduce it into the rectum from two to twenty inches, according to the effect intended to be produced. When the intention is merely to solicit an evacuation, it need not be introduced farther than within the sphincter ani, unless it be in obstinate cases of constipation, when it should be put far up. If the tube meet with any impediment to its passage, attach the pump and throw up some water, which will remove the obstruction if it be hardened feces. If, after this has been done, the tube should not pass up readily, or if the patient should complain of much pain when the attempt is made, it is presumed that the obstruction is a spasm of the intestine. In this case, more water should be gently pressed up, occasionally making an attempt to carry up the tube. This will generally succeed in overcoming the spasm, so that the tube may pass and the injection be completed.

Generally, after from one to two pints have been thrown up, vomiting comes on, after which, in cases of colic or convulsions, the disease abates and the patient falls asleep. But in this case the better way is to let the tube remain in the rectum; for frequently the pain or convulsions will return, and more water will be required. Perseverance in this course will almost always effect a cure, without any other remedy than a little opium after the spasm or convulsions are overcome. In violent cases, bleeding may be necessary; it should always precede the injections where an inflammatory action is established before they have been given. This treatment does much less injury to the intestines and the system generally than cathartics—the relief is altogether more prompt—and a relapse is much less to be feared.

These injections are often very efficacious in the treatment of obstinate cases of constipation. They should be given at stated periods, and in pretty large quantity, so as to pass into the colon, and, if possible, into the small intestines. I think they might also be used with advantage in some of those cases usually called dyspepsia. In cases of hysteria attended with convulsions or with coma, they must be useful, although I have never given them a trial. In the incipient stages of cholera and dysentery, soothing injections, such as mucilage of gum arabic, flaxseed tea, starch, &c., are very useful, and in many cases will be rendered more so, if thrown up in large quantities.

In no case in which I have used these injections, have I combined any other ingredient with the water than a little molasses, sufficient to give it the color of brandy. I have seldom, however, made this addition; but from the effects in those cases where I have used it, I think it will be useful where it is desirable to produce a determination to the skin.

The most immediate effect produced by these injections, is vomiting. In every case where I have used them to the extent of two pints or a little more, vomiting has followed almost immediately, and I believe it to be the most speedy, effectual, and least irritating method of evacuating the stomach, that can be adopted, unless it be by passing a tube down the œsophagus. Stimulants are seldom if ever useful where a large quantity of water is used. In the 14th No. of the American Journal of Medical Sciences, is a case related by S. C. Roe, M.D., of New York, in which the patient swallowed two and a half ounces of laudanum, with an intent to kill himself, and obstinately refused to take any remedy. Dr. Roe introduced into the rectum the tube of a stomach pump, twenty-three inches, and threw up half a gallon of water, holding in solution fifteen grains of tartarized antimony. "This," says Dr. Roe, "was no sooner accomplished, than the patient complained of nausea and an inclination to evacuate his bowels, which was quickly followed by full vomiting, repeated several times successively; but the disposition to alvine dejections passed off without effect." It will not, I believe, be contended, that medicines introduced into the intestines with an intention of producing an effect on the stomach, will act more promptly than when taken into the stomach itself. But according to Dr. Roe, the medicine, which, when taken into the stomach, requires from twenty to forty minutes to produce its full effect, operated almost instantly, and most effectually too. Now this is precisely the effect which I have witnessed in numerous instances where nothing was used but water or molasses and water, and I believe the only effect of the antimony was to increase the "languor and debility" of the succeeding day.

Injections of cold water would probably be useful in the incipient stages of inflammation of the bowels. But after the intestines have become seriously diseased with inflammation, it may be questioned whether they would be beneficial. I have used them in but one case of the kind, and that was where the disease had existed several days, and an inflammatory action was established. The pain occasioned by throwing up the injection was so great, that I was obliged to desist. It was probably produced by cold, and distension of the intestines. The injection used was flaxseed tea.

In all cases where these injections are used, great care should be taken not to force them up too fast; for after having distended the intestine, it might and probably would be ruptured, if much force should be applied to the piston. Every person acquainted with the mechanical properties of fluids, knows that when a closed vessel is filled with a fluid through a small opening, the pressure on the whole inner surface is as much greater than the pressure of the fluid through the tube, as the area of the vessel is greater than the area of the opening. It is by virtue of this law, that a man standing on the board of a collapsed bellows, and having a small tube passing through the board to the inside of the bellows, all other openings being closed, can, by blowing through the tube, fill the bellows with air, and raise the whole weight of his body merely by the power of his lungs. This must render it evident to every person, that there will be great danger of rupturing the intestines, if much force be used in forcing down the piston. Nurses are not only generally ignorant of this law of fluids, but suppose that the larger the vessel, the more divided the pressure will be; and that hence the more water is thrown into the intestine, the less caution will be necessary, and, instead of abating, will increase the force upon the piston of the pump. They should always be strictly charged on this subject, when entrusted with the administration of enemata. Where circumstances do not render it improper, the physician had better throw up the injection himself. Having the patient placed on the bed as directed, the tube may pass out from under the bed-coverings, and the pipe be attached to it, and the injection given while the patient is not in the least exposed. If this method of administering enemata were generally adopted, and simple warm water or molasses and water used instead of those loathsome and disgusting compounds which many nurses and some physicians seem to vie with each other in conjuring up, much of the prejudice which now exists in relation to them would be overcome, and many of those active and irritating medicines which are now kept in the family medicine-chest for indiscriminate use, would make way for the much less hazardous, but more effectual remedy,—an injection syringe and its appendages.

This instrument may also be used for a stomach pump, either for filling or evacuating that organ. The tube is made to be attached to either pipe, thus making it a suction or a forcing pump, as occasion may require. An objection may be made to its use as a stomach pump, from the liability of its valves to become obstructed with the contents of the stomach. But I believe but very few if any cases will occur, in which it will be necessary to use the pump for the purpose of evacuation. When the tube is introduced, the resistance of the œsophagus and cardia is entirely overcome, and the evacuation of the stomach through the tube is by the same law it would be if no vitality existed in the parts. Now this being true, if, after the stomach is filled with water, the mouth be placed lower than the stomach, this organ will be as surely and effectually evacuated as it could be if the pump were used. Therefore, after sufficient water has been thrown into the stomach, let the patient lie upon the bed, with the face downwards, the stomach lying across some pillows placed for the purpose, and the head depending over the edge of the bed. Gentle pressure being now made over the stomach, the water will be driven out through the tube. After all the water has been discharged, more may be thrown in and again pressed out, and in this way the stomach be effectually drenched. Or, if the contents of the stomach be too coarse to pass through the tube, let the water be given per anum sufficient to produce vomiting. Vomiting induced in this way, occasions much less effort than when produced by an emetic.

Sutton, *May*, 1831.

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BOSTON, JUNE 14, 1831.

THE CAUSE OF STAMMERING.

In a late number of the Journal of the Royal Institution, are some able remarks, by Dr. Marshall Hall, on the mechanism of articulation, and on the late views which have been advanced of the cause of stammering. Dr. H. divides the consonants of the alphabet into four classes, according to the degree of freedom with which the air is permitted to pass through the passages of the mouth and nose. The first class consists of those in the pronunciation of which both the mouth and nostrils are completely closed, so as entirely to impede the exit of the air. To this class belong most of those letters which are usually termed mutes, namely, b, d, g, p, t, k. In pronouncing these letters, the air is evidently arrested in its exit from the external passages, so that to dwell on any one of them for a few seconds, produces a painful sense of impeded respiration. The second class contains those consonants in pronouncing which a free passage is afforded to the air through the nose, but the mouth is nearly or quite closed. These are f or ph, th, s, v, and z. In the third, the nostrils are unobstructed, and the air but little compressed in its passage from the lungs. These are the four which have usually received the name of liquids, namely, m, n, l, r. In the fourth class are included those letters in pronouncing which the air passes without obstruction from both passages. Those which fall into this division are h, w, and y. The peculiar character of these letters has made it a question whether they were really entitled to be considered as consonants at all; and neither of them can be distinctly enunciated as a terminal letter.

In explaining the phenomena of stammering, Mr. Hall refuses to admit the simple explanation offered by Dr. Arnott, and refers it, in common with other writers, to a spasmodic and irregular action of the muscles concerned in articulation. He observes that the act of stammering is modified according to the particular sounds at which the difficulty of enunciation occurs: that where the obstacle is presented by a consonant of the first class, the embarrassment of the respiration is manifest from the redness of the face, and from the convulsive effort made to empty the lungs. This is made more evident when the same consonant begins and ends a word, or occurs in successive syllables. When the impediment arises from letters of the second class, the peculiar sound is produced by the air, which is forced through a narrow aperture. In neither case, however, does the obstruction take place in the glottis, which Dr. Arnott supposes, since, in both, the air may be heard to pass freely through the larynx. It is remarked, however, that the sing-song or continuous enunciation of words, which Dr. A. proposes for the cure of stammering, is equally consistent with the received pathology as with his own. Something similar to this has been proposed by various writers, and was suggested, many years since, by Mr. Hall himself. The author has known this affection to be cured, where the patient was able to acquire a moderate and uniform rate of speaking without allowing himself to be betrayed into hurry and agitation.

GERMINATION OF SEEDS.

Dr. Good remarks, as a happy illustration of the harmony which exists in all the operations of nature, that certain descriptions of seed will not germinate until, by passing through the bodies of animals, they have undergone some change in their constitution from the function of digestion. This he particularly instances in the kernels of olives. It had been customary, in the south of France, to propagate olives only by cuttings, as it was found that the seeds, when planted, would not germinate. An intelligent inhabitant of Marseilles made the remark, that the only plants which grew from the seed were found in the woods, where the kernel must have been conveyed in the stomach of birds who fed on them, and dropped on the ground along with the dung of the animal. In considering the cause of this, he was led to the conclusion that the kernel, by passing through the alimentary canal of the bird, was deprived of a portion of its oil, and thus became permeable to the moisture of the earth; while the soda which the dung contained, by uniting with another portion, still farther facilitated this effect. In order to test the accuracy of this theory, he fed a number of turkies with ripe olives, collected the dung, and planted it in a rich soil. The seeds germinated readily, and a number of young plants was obtained. To ascertain more fully the nature of the chemical actions which took place, some other kernels were macerated in an alkaline solution, and, on being sown, readily took root.

If the above explanation and the practice founded on it be correct, it is not a little singular that the ancient agriculturalists should have adopted a method precisely the reverse, to ensure the productiveness of seeds. Virgil tells us that many were in the habit of immersing them in the lees of oil before they were placed in the ground, with the view of improving the quality of the fruit. Semina vidi equidem multos medicare serentes, et nitro prius et nigrâ perfundere amurcâ, &c. The seeds, however, which seem particularly referred to in this passage, are those of the leguminous plants. We are not aware that this practice has been imitated in modern times.

THE STAGES OF HUMAN LIFE.

The tendency of the human mind to weave hypotheses of slight materials, has never been better displayed than in the influence attributed to the virtues of numbers. This idea may be found in the earliest attempts of philosophers to reduce to a system the phenomena of nature. Pythagoras, in his cosmogony, assigns to the combinations of numbers the most marvellous properties, and supposes that by their apt concourse most of the forms of created things were produced. Notions more or less similar may be traced in many others of the earlier philosophers and sophists. But there is no subject to which the theory of numbers has been applied with more varied ingenuity, than to the duration and stages of human life. The idea of climacters, or of certain natural numerical divisions in life marked by particular phenomena, dates from a very early period in the history of mankind.

The favorite number for a climacter appears to have been seven; and such is the pliancy of facts to system, that many physiologists, both ancient and modern, have been able to persuade themselves that the influence of this number remarkably predominated over the development and decay of the human system. Thus the product of 7 by 9, or the last odd number, constitutes the grand climacteric, and this is the period of the greatest danger. The numbers which are next in the order of fatality, are 81, 49, 84, 42, 21 and 7. Diocles, a disciple of Pythagoras, made more than 20 natural divisions of life corresponding to multiples of the number 7. Thus, at the end of 7 days after birth, the remains of the funis are cast off; in twice 7, the infant moves his eyes; in seven times 7, he begins to take notice of objects; in seven months, the teeth begin to appear; in twice 7, the child can sit without falling; in three times 7, he begins to articulate, and so on. Nor is this sort of ingenuity to be found only in the ancient philosophers. A German physiologist, Dr. Burdach, has lately made out a climacteric division of life, by combining the number 7 with 4 and the powers of 10. The basis of his system is the fact, that the average period of uterogestation is 280 days, or 40 weeks, or 10 months of 4 weeks each. The same period from birth, renders the infant capable of being weaned. The second power of 10 combined with 4, gives a number of weeks nearly corresponding to the ancient climacter; and ten of these, or $10^3 + 4$ weeks, gives 76 + years, which may be regarded as the average term of the life of man. At the conclusion of the first climacter, the milk teeth are shed; the end of the second forms the period of puberty; that of the third marks the arrival of the man at years of discretion. The four ages are obtained by combining the above number, successively, with the four terms of the arithmetical series, 1, 2, 3, 4, the sum of which is evidently 10. This will give about 7½ years for the first age, or infancy; 15 years for the second age, or youth; 22½ years for the third age, or manhood. At the end of this period, or at 45 years of age, the decline of the physical powers commences; the mental powers continue in full activity, but there is less enterprise, and less disposition to engage in new schemes for the acquisition of wealth and power. The habits have become settled and permanent. The fourth product, or 31 years, gives the fourth age, which includes the whole decline of life. The same period taken from the commencement of life, gives the acme of physical vigor, when, as the author expresses it, the external and internal life are duly and accurately balanced. The following table will, according to this view, represent the progress of human life:—

Stages.	Weeks.	Years.	Weeks.	Days.	Natural Epochs.	Ages.
	40		40		Lactation,	Childhood,
1	400	7	34	6	Milk teeth,	
2	800	15	27	3	Childhood,	Youth,
3	1200	23			Youth,	
4	1600	30	34	5	Maturity.	Middle age,
5	2000	38	17	2		
6	2400	45	52			
7	2800	53	34			Decline.
8	3200	61	17	1		
9	3600	68	51	6		
10	2000	76	3	3		

The most interesting observation to which we are led by comparing the ancient and modern speculations on this subject, is that of the uniformity which prevails in regard to the period referred to formerly and at present as the term of life. The other means we possess of judging on this point, for the most part lead to a similar conclusion. There are, it is true, instances on record of individuals, in ancient times, who lived to a very advanced age; but they appear to be quoted as exceptions to the general rule, and there are none but have been equalled in very recent days. If we take the age at which kings and other distinguished individuals among ancient nations died, as a standard, the period of life does not differ at present from its average term during three thousand years. A slight increase, however, in the average length of life, has been noticed to have occurred in most of the civilized countries in Europe during the last two or three centuries. This has been observed by Villermé in France, by Halley and Reiche in Germany, and by Odier in Switzerland. The difference amounts to about two years, and may probably be owing to the improvements in the arts of life, and to the discovery of more successful methods in the treatment of disease. The prophylactics against smallpox which have come into use within fifty years, must of themselves have had some influence on the mean age of mankind. For the rest, it is probable that the age of man at present does not materially differ from what it was in the days of Homer; and the three score years and ten which was assigned by the Psalmist, still forms that goal which all hope to reach, but which so many are destined never to attain.

ACETATE OF MORPHIA.

No reader need be informed of the source or general powers of this medicine. It is in common use, and has been for several years, as a substitute for opium, and has seldom failed, we apprehend, to meet the expectations of the practitioner. The Acetate of Morphia is often administered externally, the epidermis having been previously removed by a plaster of cantharides, and, thus applied in doses of a quarter or half a grain with simple cerate, it has proved efficacious in tetanus, and other spasmodic and painful diseases. Internally, it is used in preference to the uncombined morphia,—this latter, according to Orfila, being almost inoperative in consequence of its insolubility in the stomach. Sertuerner, however, a chemist who was among the first to analyse opium, reports differently respecting the morphia. He found, by an experiment performed on himself and on three of his pupils, that half a grain, repeated each half hour, produced at first a redness of the eyes and cheeks, and an exaltation of the vital powers, pain in the stomach, numbness, debility, and a disposition to faint. But he adds that all these symptoms were aggravated upon swallowing *vinegar*. Thus does he, as well as subsequent authors, accord more activity to the acetate of morphia, than to the morphia alone.

Dr. Bardsley gives us 10 cases of *painful affections of the stomach*, in 8 of which, health was restored by the use of this salt. In 2 it failed to do good, though thoroughly persevered in. The two following cases are a fair illustration of the mode in which the salt was administered in all, and of its effect on the disorder and on the general health.

Case 1.—A young woman, 26 years of age, had labored under severe pain in the epigastrium for several months. Leeches and blisters had been applied to the part, and various internal remedies had been exhibited, but with little or no relief to the pain. She said that she had latterly taken opium in rather large proportions, but that it rendered her so costive that she had not a motion in the course of a week or ten days. Still she was under the necessity of continuing its use, in order to obtain a mitigation of the pain. I directed her to take the fourth of a grain of the acetate of morphia each second hour, carefully noticing its action. As this quantity was too small to produce much relief, it was increased to half a grain, and afterwards to a grain every third hour. This dose succeeded in preventing a recurrence of pain, and during its administration, the bowels were readily preserved open by mild aperients. She perfectly recovered in the course of a few weeks.

Case 7.—Mary Ford, aged 27, admitted an out-patient, February 4th, 1827.

Her constitution had always been rather delicate, but until within the last two months she had been capable of following her occupation as a weaver. During that time, she has labored under a dull gnawing pain at the pit of the stomach, attended with a copious discharge of an acid fluid at the mouth, great flatulence, and uncertain appetite. Belly confined. After emptying the bowels by castor oil, she was ordered to take the morphia in the same manner as in the preceding case. 16th. She has already obtained relief from the medicine. The acid eructations are both less frequent and less copious. Bowels open. To continue. 26th. The pain in the stomach is much diminished, and she has had no discharge of fluid. During the last four days, her appetite has also been better. The bowels have become rather costive. To take some aperient medicine and continue the acetate. March 14th. She considers herself perfectly well, but I wished her to persevere with the medicine for a short time longer, when she was discharged cured.

In some forms of *uterine disease*, very marked advantage resulted from the use of this salt. In *scirrhus*, it gave great relief, without rendering cathartics frequently necessary; in *induration* of the organ, 3 cases are related in which its administration was followed by a disappearance of all the symptoms of the disease, and its apparent cure: but the case Dr. B. has given of the relief afforded by it in *dysmenorrhœa*, is very striking and important. He directed a quarter of a grain on the first accession of pain, and the same dose repeated every half hour during its continuance. It succeeded perfectly with the second pill, and although the disease had been habitual, the regular use of these pills at the proper periods always gave entire relief without any bad consequences.

The following case of *Neuralgia* will be interesting:—

Mary Williamson, 52 years of age, admitted a home-patient, June 6th, 1825.

She was first attacked about three months ago, with a severe lancinating pain in the situation of the right mental foramen, which continued for several hours, and then ceased. It returned, however, on the next morning, with aggravated violence, and left her again in the evening. As the pain extended to the teeth on the same side of the jaw, she had been persuaded to have two of them extracted, but the operation afforded her no relief. The remaining teeth appeared to be perfectly sound. When she came under my care, the least degree of motion, or any attempt at mastication, caused a return of pain. Her general health was much impaired, from the constant irritation to which she was exposed, and she had lost both flesh and strength. Feeling satisfied, from the above symptoms, that the inferior dental nerve was affected, I resolved upon the employment of the acetate of morphia. She was accordingly directed to commence with a quarter of a grain every fourth hour, after the bowels had been freely opened by purgative medicine. June 20. She has had no pain during the last seven days, and can now eat and take exercise without fear of its recurrence. Appetite better; bowels regular. Half a grain of the salt to be taken once daily. July 12th. She is in her usual state of health. Ordered to be discharged cured. I saw this woman several times afterwards, and was glad to find that the pain had not once returned.

Besides the above, Dr. B. has given 5 like cases, in 4 of which the medicine was equally curative.

On the whole, from an extensive use of this salt, Dr. B. has found the number of instances in which it has failed, inconsiderable when compared with those in which it has proved of value. He has never witnessed any *pernicious consequences* from its prudent use, nor has it been attended or followed by the *distressing headach, excessive constipation, and other unpleasant symptoms*, which large or long-continued doses of opium are so apt to induce.—The dose for an adult is a quarter of a grain, gradually increased to half a grain, a grain, or two grains, according to the effect produced.

Respecting the influence of morphia on the circulation, Dr. B. is silent. Some experiments recently instituted by Dr. Whiting, and read by him before the Medico-Botanical Society of London, lead to the conclusion that it exerts on the circulation neither sedative nor stimulating powers, but that its action is confined almost exclusively to the nervous system.

MASSACHUSETTS MEDICAL SOCIETY.

The annual meeting of this ancient and most respectable Society, was held on Wednesday, the 1st inst., at the Society's Rooms at the Athenæum. The Annual Reports of the several officers and of select committees were read and accepted, and the affairs of the Society appeared to be in a flourishing state; its objects have been very fully and happily accomplished thus far, and we trust it may long continue to be among us, what it has hitherto been, a faithful guardian of the honor of the profession, an efficient aid in extending its usefulness, and a public barrier against the officious intrusions and the shocking depredations of impudent quackery.

Among other important business, a memorial was prepared, and ordered by the Society to be presented to the legislature, setting forth some reasons why the prayer of certain members to be set off and constituted a separate association, ought not to be granted. A resolve was offered by Dr. Childs, of Berkshire, that the annual assessment should in future be paid to the district societies for their several use and behoof. This resolve was referred to the Counsellors, who rejected it, we believe unanimously, at their meeting on the following day; they voted, however, that the several district societies have the exclusive benefit of fees paid for licenses granted by the censors of said districts, for the space of one year,—the plan, after that, to be made permanent or abandoned as judged most expedient. The annual discourse was to have been given by Dr. Green, of Worcester, but he did not appear. This disappointment was the greater, as his known talents, learning and reputation, had induced high anticipations in the minds of all present. As no reason appeared for his absence, it is to be presumed that it was occasioned by sudden illness, or other unexpected but unavoidable detention. The following gentlemen were chosen Counsellors for the ensuing year:—

For Suffolk—Drs. William Ingalls, John Dixwell, James Jackson, Benj. Shurtleff, John C. Warren, John Randall, Geo. C. Shattuck, John B. Brown, Walter Channing, Jacob Bigelow, George Hayward, Enoch Hale, jr., Solomon D. Townsend, John Ware, Zabdiel B. Adams, David Osgood, Edward Reynolds, John Homans.

For Essex—Drs. James Gardiner, Richard Hazeltine, Abel L. Pierson, Andrew Nichols, Thomas Manning, Samuel Johnson, Joseph Kittredge, Jeremiah Spofford, Richard S. Spofford, E. L. Coffin, Calvin Briggs.

For Middlesex—Drs. Amos Bancroft, Calvin Thomas, Rufus Wyman, Thomas Bucklin, John Walton, Zadock Howe, Wm. J. Walker, Timothy Wellington, J. C. Dalton, Ephraim Buck, Daniel Swan.

For Worcester—Drs. Stephen Batchelder, jr., John Green, Daniel Thurber, Charles W. Wilder, Benj. F. Heywood, Edward Flint, Gustavus D. Peck, Amos Parker.

For Hampshire—Drs. Joseph H. Flint, Alpheus F. Stone, Stephen W. Williams, Levi W. Humphreys, Job Clarke, Elisha Mather.

For Berkshire—Drs. Henry H. Childs, Robert Worthington, Wm. H. Tyler, Asa G. Welch, Alfred Perry, Hubbard Bartlett.

For Norfolk—Drs. Amos Holbrook, Nathaniel Miller, John Bartlett, Robert Thaxter, Samuel Bugbee, Jeremy Stimson, Ebenezer Alden.

For Plymouth — Drs. Nathan Hayward, Hector Orr, Cushing Otis, Andrew Mackie, Ezekiel Thaxter, Paul S. Nichols.

For Bristol—Drs. Benj. Billings, Alexander Reed.

For Barnstable — Drs. Joseph Sampson, Aaron Cornish.

At a meeting of the Counsellors on Thursday, Dr. Thurber, of Mendon, was chosen to deliver the next annual address, and the following officers were chosen for the year:—

James Jackson, M.D., *President.*
Amos Holbrook, M.D., *Vice Pres.*
John Dixwell, M.D., *Cor. Sec'ry.*
Geo. Hayward, M.D., *Rec. Sec'ry.*
Walter Channing, M.D., *Treasurer.*
Enoch Hale, jr., M.D., *Librarian.*

Censors.

For the 1st District, and for the Society—Drs. John Dixwell, Rufus Wyman, Walter Channing, Geo. Hayward, Enoch Hale, jr.

For the 2d District—Drs. John Green, Benj. F. Heywood, Edward Flint, Charles W. Wilder, Gustavus D. Peck.

For the 3d District—Drs. Elihu Dwight, Joseph H. Flint, Daniel Collins, Elisha Mather, Job Clarke.

For the 4th District—Drs. Alfred Perry, Wm. H. Tyler, Orren Wright, Royal Fowler, Robt. Worthington.

LIBRARY OF PRACTICAL MEDICINE.

This work is intended to embrace a series of republications of standard medical authors. The 1st Volume, consisting of the celebrated treatises of Smith and Tweedie on Fever, was distributed to the members of the Massachusetts Medical Society at their late meeting; and it is in contemplation to have the 2d Volume aready by the next meeting of the Society. By the plan of this work, an equivalent for the annual assessment will be in readiness for every member; and it was a good thought of the Counsellors, to make a certificate of having paid said assessment, an order for the volume. In consequence of this, there were several gentlemen, we understand, who went home without it.

Case in which several Leeches were Swallowed.—Dr. Schnuhr reports the case of an individual who, while in the act of bathing, accidentally swallowed several leeches. The immediate consequences were intense burning of the stomach, loss of appetite, sickness at stomach, and frequent discharges of blood by vomiting, with which one of the animals was ejected on the third day. Pale and emaciated, he applied for relief on the eighth day. The physician directed him to take a saturated solution of muriate of soda, to be followed, in three-quarters of an hour, by a dose of ol. ricini. This had the effect of bringing away three leeches, after which the vomiting of blood and pain of the stomach subsided.

Davy and Wollaston compared as Philosophers. — In contrasting the genius of Wollaston with that of Davy, let me not be supposed to invite a comparison to the disparagement of either, but rather to the glory of both, for by mutual reflection each will grow the brighter. If the animating principle of Davy's mind was a powerful imagination, generalizing phenomena, and casting them into new combinations, so may the striking characteristic of Wollaston's genius be said to have been an almost superhuman perception of minute detail. Davy was ever imagining something greater than he knew; Wollaston always knew something more than he acknowledged: — in Wollaston, the predominant principle was to avoid error; in Davy, it was the desire to discover truth. The tendency of Davy, on all occasions, was to raise probabilities into facts; while Wollaston as continually made them subservient to the expression of doubt.

Wollaston was deficient in imagination, and under no circumstances could he have become a poet; nor was it to be expected that his investigations should have led him to any of those comprehensive generalizations which create new systems of philosophy. He well knew the compass of his powers, and he pursued the only method by which they could be rendered available in advancing knowledge. He was a giant in strength, but it was the strength of Antæus, mighty only on the earth. The extreme caution and reserve of his manner were inseparably connected with the habits of his mind; they pervaded every part of his character; in his amusements and in his scientific experiments, he displayed the same nice and punctilious observation—whether he was angling for trout, or testing for elements, he alike relied for success upon his subtile discrimination of minute circumstances.

By comparing the writings as well as the discoveries of these two great philosophers, we shall readily perceive the intellectual distinctions I have endeavored to establish. "From their fruits shall ye know them." The discoveries of Davy were the results of extensive views and new analogies; those of Wollaston were derived from a more exact examination of minute, and, to ordinary observers, scarcely appreciable differences. This is happily illustrated by a comparison of the means by which each discovered new metals. The alkaline bases were the products of a comprehensive investigation, which had developed a new order of principles; the detection of palladium and rhodium among the ores of platinum, was the reward of delicate manipulation, and microscopic scrutiny. As chemical operators, I have already pointed out their striking peculiarities, and they will be found to be in strict keeping with the other features of their respective characters. I might extend the parallel farther; but Dr. Henry, in the eleventh edition of his system of Chemistry, has delineated the intellectual portraits of these two great philosophers with so masterly a hand, that, by referring to the passage, all farther observation will be rendered unnecessary.

Jerome V. C. Smith, M.D., was last week unanimously chosen, by the Common Council of this city, Quarantine Physician for the ensuing year. John C. Warren, M.D., Benj. Shurtleff, M.D., George Hayward, M.D., John Randall, M.D., and George Shattuck, M.D., were also chosen Consulting Physicians.

Whole number of deaths in Boston the fortnight ending June 2d, 36. Males, 16—Females, 19. Stillborn, 1.

Of consumption, 4—old age, 5—fits, 1—inflammation on brain, 1—intemperance, 2—complication of diseases, 1—childbed, 1—disorder of bowels, 1—cholera, 1—dropsy, 2—lung fever, 3—dropsy on chest, 1—unknown, 2—infantile, 3—pleurisy, 1—accident, 1—putrid sore throat, 1—dropsy on brain, 1, &c.

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